

Attachment 8

Homeless Housing Services Proposal Form

**PROPOSAL FORM
ALL HOMELESS PROGRAMS
(INCLUDING ESG-BECKHAM HALL)**

Attachment 8

Full Legal Name of Organization	Local Address of Organization

Phone Number	Fax Number	E-MAIL

Name of Proposed Project	Total Amount Requested

FUNDING REQUESTED (Indicate one per proposal)

HOME	CDBG	SURTAX
SHIP	ESG - BECKHAM	

I certify that all of the information contained in this proposal is true and accurate. I further understand that material omission or false information contained in this proposal constitute grounds for disqualification of the Proposer(s) and this proposal.

Authorized Signature	Typed Name	Title	Date

Corporate Seal

Or Sworn to and subscribed
Before me this day
of , 200_

NOTARY PUBLIC, State of
Florida, at Large

